





Print in CAPITAL letters using black ink					OFFICI	AL USE ONLY			
Taxpayer Identification Number (FEIN)	Fill in if FEIN					ID# 0002			
	Fill in if SSN				Tax Year beg	inning July 1, 2016			
Business name					and ending	g June 30, 2017 : July 31, 2016			
Business mailing address line 1					Due Dute	. odiy 01, 2010			
Dusiness maining address line 1									
Business mailing address line 2									
City				State Z	ip Code + 4				
Fill in if Amended Return		Fill in	if certified	QHTC					
Fill in if Final Return	Fill in if Final Return Fill in if remaining cost is \$225,000 or less								
Fill III III III Netulli			II I CIII ali III	ig cost is \$2.	25,000 01 less				
							•		
Statement of	f personal proper	ty and com	outation o	f personal	property tax				
A Kind of husiness as susface in									
Kind of business or profession	:								
B. Number of DC locations									
Consolidate reporting for all bu separate returns for each loca			ne personal	property tax i	return. Do not file				
	(-,							
O If a batal as seatel, autorith a se									
C. If a hotel or motel, enter the nu	imber of rooms								
D. Are you a lessee or lessor of p If "Yes", complete Schedule De		Yes N	0						
complete FR-399 Schedule D-									
E. Are there other companies do concession? If "Yes", attach a	Yes No	0							
	Office building own								

Taynayar name	۵.											
Taxpayer name :												
Column A - Original Cost Column B - Remaining Cost (Current Value)												
,	OVDs and other e material <i>(from</i> e <i>A)</i>	Dollars (Round ce	ents to the near	est dollar)			to the nearest do					
	e, fixtures, machinery pment (from e A)	\$		00	\$.00				
unregiste tangible	ered motor vehicles, ered trailers and other personal property hedule A)	\$		00	\$			00				
·		¢		00	\$	***		00				
• • • • • • • • • • • • • • • • • • • •	(from Schedule B)ginal cost of tangible	Ψ		.00	Ψ			00				
personal	property (Add Lines h 4, Column A)	\$		00								
	ng cost (Current Value) o es 1 through 4, Column				\$			00				
7. Deduct:	Exclusion				\$	22	5 0 0 0	00				
	remaining cost (current vual to or greater than Lin				\$			00				
	TAX RATE (\$	3.40 per hund	lred)				Χ.	0340				
9. TAX (Lir	ne 8 amount multiplied i	by .0340 tax rate)			\$			00				
10. Tax paid	d (if any) with FP-129A,	request for extension of	time to file		\$.00				
11. Balance due (Line 9 minus Line 10)					\$.00				
12. Penaltie	s (See instructions)				\$.00				
13. Interest	(See instructions)				\$.00				
14. Total - b	palance due, penalties an	d interest (Add Lines	11, 12 and 13)		\$			00				
15. Amount	paid with this return				\$.00				
16. Unpaid	balance (If any)				\$			00				
	yment <i>(If any)</i> is refund go to an accoun	t outside of the U.S.?	Yes 1	No See instruction	\$ ns.			00				
	Under penalties of law,			ırn and, to the best	t of my knowledg	ge, it is correct	t. Declaration of	paid				
PLEASE SIGN HERE	preparer is based on the	information available	to the preparer.		Telephone Nun	nber of Person	to Contact					
	Officer's or owner's signa	ture Title)	Date								
PAID PREPARER ONLY	Preparer's signature (If ot	her than taxpayer)		Date	Preparer's FEII	N, SSN or PTIN						
	Firm name				Preparer's Tele	phone Number	—					
	Firm address											

Make check or money order (US dollars) payable to the DC Treasurer. Include your FEIN/SSN, "FP-31" and tax year 2017 on your payment. See mailing instructions. Use the return envelope in this booklet.